#### **Application Data Sheet**

## **Application Information**

Application number::

Unassigned

Filing Date::

February 28, 2002

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

SYSTEMS AND METHODS FOR REMOVING

GINGIVA FROM COMPUTER TOOTH MODELS

Attorney Docket Number::

018563-002910US / AT00084.1

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

1 16

No

No

Total Drawing Sheets::

No

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Russian Federation

Status:: Full Capacity

Given Name:: ELENA

Middle Name::

Family Name:: PAVLOVSKAIA

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1688 Sutter Street, #8

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94109

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: VENKATA

Middle Name:: S.

Family Name:: SARVA

Name Suffix::

City of Residence:: Fremont

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 44958 Cougar Circle

City of Mailing Address:: Fremont

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94539

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Portugal

Status:: Full Capacity

Given Name:: CARMEN

Middle Name::

Family Name:: CHEANG

Name Suffix::

City of Residence:: Sunnyvale

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 520 Hawthorn Avenue, #1

City of Mailing Address:: Sunnyvale

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94086

**Correspondence Information** 

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application Continuation-in-part of 09/640328 08/16/00

# **Foreign Priority Information**

Country::

Application number::

Filing Date::

### **Assignee Information**

Assignee Name::

Align Technology, Inc.

Street of mailing address::

851 Martin Avenue

City of mailing address::

Santa Clara

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 95050